Advisory Committee on Chronic Care Management

Framework for Discussion March 27, 2006

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Represents promotion of health and well being and health-related quality of life across continuum of care and across the life course

Stage of disease continuum	Well population	At risk	Managed/controlled chronic disease	Complications/ Exacerbations from chronic disease
Level of prevention	Primary Prevention	Secondary Prevention/ Early Detection	Disease Management and Tertiary Prevention	
Nature of intervention	Promotion of healthy behaviors Promotion of healthy environments Universal and targeted approaches	Screening & case finding Periodic health examinations Early intervention Control risk factors – (lifestyle & medication) Promotion of healthy behaviors Promotion of healthy environments	 Treatment according to guidelines Complications management Rehabilitation Self management Disease registries Promotion of healthy behaviors Promotion of healthy environments 	 Intensive case management Intensive risk factor management Specialized services Hospital care Promotion of healthy environments
Responsible sectors	Public health Primary health care Other sectors	Primary health care Public health	Community carePrimary health careAcute careContinuing care	Acute care Post-acute care
Prevent movement to the "at risk" group Prevent progression to established disease and high use of medical care Prevent/delay progression to complications and prevent hospitalization and post-acute care				

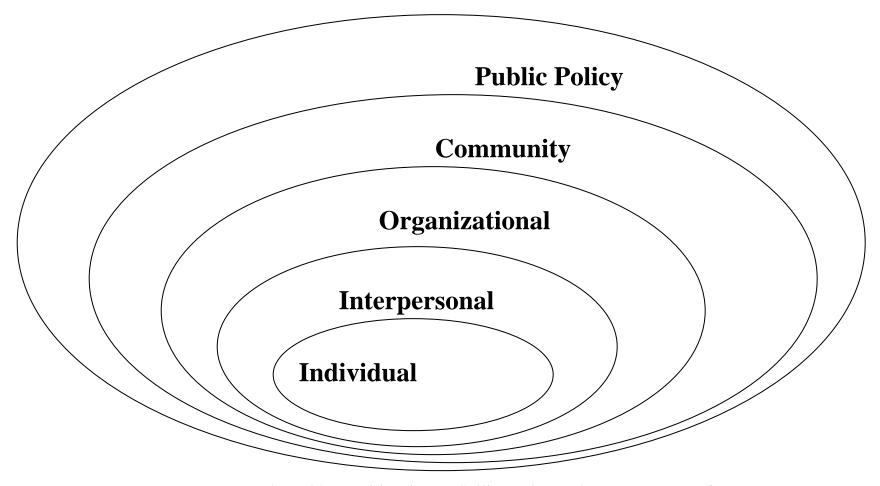
Each stage requires critical assessment of: workforce requirements, resource allocation, data requirements, evidence base for intervention (incl. cost effectiveness), quality measures, guidelines and standards, monitoring and evaluation, roles and responsibilities, (National/State, public/private), equity impact, consumer involvement, etc.

Guiding Principles for Action - Marks

- Primacy of Prevention
- Dependence on Science
- Quest for Equity and Social Justice
- Interdependence of Essential Partners
 - Public health
 - Aging
 - Health care
 - Long term Care
 - Academe
 - Mental Health

^{*} James Marks, MD, MPH when Director, National Center for Chronic Disease Prevention and Health Promotion, CDC

Social Ecologic Model



McLeroy et al., 1988, Health Educ Q; Sallis et al., 1998, Am J Prev Med

Chronic Care Model

Community

Health System

Resources and Policies

Health Care Organization

Self-Management Support Delivery System Design

Decision Support

Clinical Information Systems

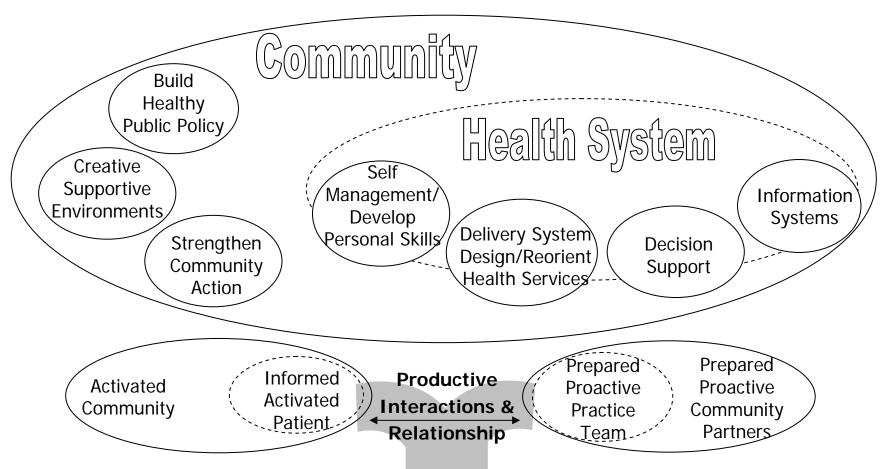
Informed, Activated Patient Productive Interactions

Prepared,
Proactive
Practice Team

Outcomes

Improved Outcomes

THE EXPANDED CHRONIC CARE MODEL: INTEGRATING POPULATION HEALTH PROMOTION



Population Health Outcomes/ Functional and Clinical Outcomes

The Expanded Chronic Care Model, (Barr, Robinson, Marin-Link, Underhill, Dotts, Ravensdale, & Salivaras, 2003).

Doing What Works

- Evidence of problem: The burden is great.
- Evidence of effective interventions: *The science is convincing.*
- Core elements of an effective program: Fidelity is possible with diverse populations and diverse organizations.